D

## PLEASE TYPE OR PRINT

☐ Ms.	CLAUDE	CONOV	F.P
Mr. Artist	CHOOL	(L	ast Name Last)
Permanent / Address/	860 OAK	MOUNT	CLEUELAN
44121	Tel. ( )	381-0	227
Zip	Area Code		
Temporary Address			
	Street		City
	Tel. ( )		
Zip	Area Code		
Permanent add	dress is in what cour	nty? CUYA	HOGA
Born in Cuyah	oga County 🔲 Y	′es 🔀 No	
Collaborator _	(If Any)		
Artist will  Museum sl	ot accepted or not a pick up entries at M hould dispose of en- hould ship entries to	Museum. tries.	t this address:

The attached card will be returned to you as notification of acceptance or rejection by the last week in April.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM
YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed below.

It is also understood that accepted entries will remain on exhibition until June 10, 1973.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature Cande Conorn

CATEGORY ENTRY ONE	☐ 1. Paintings	2. Graph	ics 3. Pho	tography
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Notification of Acceptance or Rejection  CLAUDE CONOVER  Type or print name of artist  This is your only receipt to claim your object(s).
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Type or print name of artist  This is your only receipt to claim your object(s).
Medium or Materials
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